

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**-62-021871**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 16

Primary Registration District No. 4030

Registrar's No. 4

**FILED JUL 12 1962**

VS 300  
Rev. 4/59

1 0060  
2 0060  
3 2  
4 1  
5 1  
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9420.1  
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11  
12 90-2  
13 3-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Barton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Barton</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Golden City</b>		c. CITY OR TOWN <b>Golden City</b>	
Length of stay in lb <b>2 yrs.</b>		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Residence Golden City</b>		d. STREET ADDRESS (If outside, give location) <b>none</b>	
3. NAME OF DECEASED (Type or print) First <b>EDITH</b> Middle <b>MAY</b> Last <b>LYOYD</b>		4. DATE OF DEATH Month <b>July</b> Day <b>2</b> Year <b>1962</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7/25/06</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>	11. BIRTHPLACE (City and state or country) <b>Humeston, Iowa</b>
13a. FATHER'S NAME <b>James Davidson</b>		13b. MOTHER'S MAIDEN NAME <b>Luella Howser</b>	14. NAME OF HUSBAND OR WIFE <b>Joe R. Lloyd</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>---</b>		16. SOCIAL SECURITY NO. <b>5</b>	
17. INFORMANT <b>Joe R. Lloyd, Golden City, Mo.</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Ventricular fibrillation</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: <b>Acute Myocardial infarction</b> DUE TO (b) <b>3 hrs.</b> DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH <b>2-3 min</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>---</b> a.m. <b>---</b> p.m.	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <b>April 24, 1962</b> to <b>July 2, 1962</b> and last saw her alive on <b>July 2, 1962</b> Death occurred at <b>2:00</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Raymond P. Carlson MD</b> (Degree or title)		22b. ADDRESS <b>403 Main St Golden City Mo</b>	22c. DATE SIGNED <b>7-3-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>7/5/62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Battle Creek, Iowa.</b>
24. FUNERAL DIRECTOR <b>Phillips Funeral Home, Golden City, Mo.</b> ADDRESS		25. DATE RECD. BY LOCAL REG. <b>July 3 1962</b>	26. REGISTRAR'S SIGNATURE <b>Hazel St. Rugh</b>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*H. Lowell Bugh*

Licensed Embalmer No. 4951

P. O. Address Golden City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.